



Small Business Enterprise (SBE)

Program Guidelines

Policy Statement

The North Carolina Department of Transportation (Department), Division of Highways, is committed to the Small Business Enterprise Program.

It is the policy of the Department to ensure non-discrimination on the basis of race, color, national origin, or gender in the award and performance of any contract, and shall take all reasonable and necessary steps to ensure non-discrimination in the administration of the SBE program. It is the intent of the Department to create an equitable environment in which small businesses can compete fairly for contracts financed with state funds.

The effective management of this program requires the cooperation of several units within the Department, and close coordination among the Divisions. Hence, the Chief Engineer for Operations has been delegated the authority and responsibility for development, implementation, and management of the SBE Program. Notwithstanding this delegation, it is my expectation that all personnel shall adhere to the intent, as well as the provisions and procedures of the SBE program. Non-compliance may result in the termination of the contract or other remedies as deemed appropriate.

A copy of this program document containing the approved policy and guidelines will be available for review by any interested individual at the following locations:

Contractual Services Unit
1 South Wilmington Street
Raleigh, North Carolina 27611

Chief Engineer's Office
1 South Wilmington Street
Raleigh, North Carolina 27611

If you have questions or would like additional information regarding the SBE program, please contact Daniel Keel, Operations Program Engineer at (919) 733-7621 or Odessa McGlown, State Contractor Management Engineer at (919) 733-7174.

Lyndo Tippet
Secretary

Date

W. Steve Varnedoe, P.E.
Chief Engineer - Operations

Date



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Purpose

The Small Business Enterprise Program, hereinafter referred to as SBE Program, was developed to provide contract opportunities for firms that meet the eligibility criteria, to compete against others that are comparably positioned in their industries and markets. This program gives smaller businesses with annual gross incomes up to \$1.5 million, excluding materials, the opportunity to participate in the highway contracting industry.

Authority

The Small Business Enterprise program was created by G.S. 136-28.10 (Highway Fund and Highway Trust Fund Small Project Bidding) as follows:

- a) Notwithstanding the provisions of G.S. 136-28.4(b), for Highway Fund or Highway Trust Fund projects of five hundred thousand dollars (\$500,000) or less, the board of Transportation may, after soliciting at least three informal bids in writing from Small Business Enterprises, award contracts to the lowest responsible bidder. The Department of Transportation may identify projects likely to attract increased participation by Small Business enterprises, and restrict the solicitation and award to those bidders. The Board of Transportation may delegate full authority to award contracts, adopt necessary rules, and administer the provisions of this section to the Secretary of Transportation.
- b) The letting of contracts under this section is not subject to any of the provisions of G.S. 136-28.1 relating to the letting of contracts. The Department may waive the bonding requirements of Chapter 44A of the General Statutes and the licensing requirements of Chapter 87 for contracts awarded under this section.
- c) The Secretary of Transportation shall report quarterly to the Joint Legislative Transportation Oversight Committee on the implementation of this section. (1993, c. 561, s. 65; 1999-25, s.1)

The SBE Program is a race-neutral program established by Senate Bill 26, Section 65 the 1993 session of the General Assembly. The program was approved by December 1993 Board of Transportation and established by the Department in March 1994.

Typical work that may be let under the SBE Program include, but are not limited to, grubbing, clearing, and grading; hauling stone and other materials; erosion control; paint striping; drainage (pipe, curb and gutter, catch basin, etc.); signal installation; landscape planting; fencing and guardrail.

Acronyms and Definitions

| | |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SBE | Small Business Enterprise; refers to program and participants |
| Race-neutral | Measure or program in which goals are not consciously set in order to achieve significant participation by historically underutilized groups. In a race neutral program, other methods are |

used to achieve participation, i.e., aggressive outreach, targeted advertising, unbundling of work items, etc.; Race neutral includes gender neutrality

| | |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Division | One of the fourteen construction, maintenance and operations groups segmented by county lines within the State that manage locally the SBE Program |
| Operations | Chief Engineer's Office; the administrative oversight group located in Raleigh with responsibility for information management and policy development for the Divisions |
| DOH | Division of Highways |
| NCDOT | North Carolina Department of Transportation |

Discriminatory Actions

- a) The Department must never exclude any person from participation in, deny any person the benefits of, or otherwise discriminate against anyone in connection with the award and performance of any contract covered by this program on the basis of race, color, sex, or national origin.
- b) The Department must not, directly or through contractual or other arrangements, use criteria or methods of administration that have the effect of defeating or substantially impairing accomplishment of the objectives of the program with respect to individuals of a particular race, color, sex, or national origin.

Eligibility

Any business that is established for profit, and meets the certification standards outlined herewith is eligible to participate in the North Carolina Department of Transportation's Small Business Enterprise Program.

Certification Standards

- a) A business must have an annual gross income of less than \$1,500,000, excluding materials, to participate in the SBE Program.
- b) The maximum contract limit is set at \$500,000.
- c) Per G.S. 136-28.10, a NC General Contractor's license may be waived for SBE contracts, unless otherwise specified.

- d) Per G.S. 136-28.10, contract payment and performance bonds may be waived, unless otherwise specified.
- e) The Department may consider, in making certification decisions, whether a firm has exhibited a pattern of conduct indicating its involvement in attempts to evade or subvert the intent or requirements of the SBE program.
- f) The Department must evaluate the eligibility of a firm on the basis of present circumstances, and must not refuse to certify a firm based solely on historical information if the firm currently meets the standards of this part.
- g) The Department must not refuse to certify a firm solely on the basis that it is a newly formed firm.
- h) SBE firms and firms seeking SBE certification shall cooperate fully with the Department's requests for information relevant to the certification process. Failure or refusal to provide such information are grounds for a denial or removal of certification.
- i) Only firms organized for profit may be eligible SBEs. Not-for-profit organizations are not eligible to be certified as SBEs.

Application Process

- a) Applications for the SBE Program may be obtained from any Division Office, from the Contractual Services Unit, Operations, or from the website address <http://www.ncdot.org/business/OCS>.
- b) Applications may be returned to any of the administrative partners described herein or mailed to the following address:

Contractual Services Unit
1509 Mail Service Center
Raleigh, NC 27699-1509
- c) The requirement for notarization will not support the acceptance of applications through electronic media. Applications are accepted via facsimile if the notary seal is ink-stamped rather than embossed.
- d) Application must be completed in their entirety, signed and notarized. Incomplete applications will not be accepted, and will not be returned to the applicant. An incomplete application is one in which the basic identifying information, the types of work, county information, tax id, and/or license number is not provided.

Maintaining Certification

- a) Each year on the anniversary of the original certification, the SBE is required to submit a new application that declares the business meets the certification standards of this program. On or about the 335th day after initial certification is granted, as a courtesy, a new application packet will be forwarded to the SBE. Firms not receiving this packet are not exempt from the following guidelines.
- b) The Department will wait 30 days for a proper application from the SBE.
- c) If the appropriate documentation is received prior to the anniversary date, the Department will review the information to determine if the firm meets the eligibility standards. If the firm continues to meet the certification standards, the date of certification will be reset based on the date signatures are validated by the notary. This date starts the new income year for the firm.
 - (1.) If the firm does not meet eligibility standards for the application year, the firm's certification will be removed on the original anniversary date. The Department will prepare a "Decertification" notification, which will outline the Department's decision, the reason for the decision, and appeal rights and procedures. The firm's status will be updated to reflect the "not certified" status.
 - (2.) If the firm meets the eligibility requirements, the Department will prepare the "Approval of Small Business Enterprise Certification" letter.
- d) If the appropriate documentation is not received on or before the anniversary date, the Department will remove the firm's certification. The Department will prepare a "Decertification" notification, which will outline the Department's decision, the reason for the decision, and appeal rights and procedures. The firm's status will be updated to reflect the "not certified" status.

Complaint Procedures

The purpose of the third-party challenge investigation process is to provide the Department a standardized process for investigating complaints relative to the firm's eligibility for participation in the program.

- 1. The receipt of a notarized "SBE Eligibility Complaint Form" initiates a third-party complaint. The form may be downloaded from <http://www.ncdot.org/business/OCS> or requested from a program partner. The form cannot be accepted without proper notarization.
- 2. a. An "Acknowledgement of Receipt of Third-Party Complaint" letter is generated and sent to the complainant. The letter will acknowledge receipt of the complaint form, and inform

the complainant of the investigation process and the estimated time to complete the investigation.

- b. A “Notice of Investigation” letter will be generated and sent to the firm against whom the complaint is alleged. The letter will inform the firm of the investigation process, the estimated time to complete the investigation, and the firm’s status during the investigation period.
3. The Contractual Services Unit should review documentation currently on file to identify factual information regarding the firm. The Contractual Services Unit will determine what additional documentation, if any, is required to continue the investigation. The additional documentation will be requested in writing.
4. The Contractual Services Unit will wait 30 days for documentation to be received. If after 30 days the documentation has *not* been received, the Contractual Services Unit will generate a second request for the documentation. After the letter is mailed, the Contractual Services Unit will wait an additional fifteen days for the documentation to be received.
 - a. If the documentation is not received after the additional fifteen-day period, the Contractual Services Unit will continue the investigation using the information currently on file.
 - b. If the documentation is received within the initial thirty-day or the additional fifteen-day period, the Contractual Services Unit will review the additional documentation.
5. After reviewing the documentation, the Contractual Services Unit will determine if a site visit is necessary and if the necessary site visit should be scheduled or impromptu. If a site visit is necessary, the Contractual Services Unit may schedule the site visit and inform the firm of any additional documentation that should be available during the visit.
6. After a thorough review of documentation and/or the site visit, the Contractual Services Unit will make a recommendation to the State Contractual Services Engineer.
 - a. If it is recommended that the firm maintain its current certification status, a letter will be generated and mailed to the firm, and a “Thank You” letter will be generated and mailed to the complainant. The letters will state the results of the investigation.
 - b. If it is determined that the firm is not eligible for continued participation in the SBE program, the Contractual Services Unit will remove the firm’s certification and generate the appropriate notification to the firm. A “Thank You” letter will be generated and mailed to the complainant. The letter will state the results of the investigation.
7. A firm may appeal its decertification in the same manner as an applicant who has been denied certification.

8. Third party complaint forms should be sent to Operations at the 1537 Mail Service Center, Raleigh, NC 27699-1537, ATTN: Operations Program Manager.

Due Process

The appeal process is to provide the Department a standardized method for reviewing certification decisions that negatively impact the applicant or participant.

1. The appeal process may be initiated by the applicant upon receipt of a denial letter generated by the Department. The denial letter will explain to the applicant why the application was denied, provide appeal procedures, and a timeline to appeal.
2. The applicant must inform the Department *in writing* of the intent to appeal the denial decision within thirty (30) days from the date of the denial letter.
3. The Contractual Services Unit shall appoint a hearing panel which will consist of a Chairperson, one representative from Operations, and one additional member with knowledge of the certification process and eligibility standards. The person who originally denied the application cannot be a member of the panel.
4. The Chairperson shall contact the applicant to schedule a hearing. The hearing is conducted at a mutually agreed upon time and place of the applicant and the panel.
5. The hearing information is reviewed and a decision to uphold or overturn the original determination is rendered.
 - If the panel decides to uphold the original determination, a “Denial Upheld” letter is generated and forwarded to the applicant.
 - If the panel decides to overturn the original determination, an approval letter is generated and the applicant’s status is changed to reflect the certification decision.
6. If the hearing panel upholds the original determination, the applicant may appeal to the State Highway Administrator within ten (10) working days. Pending the decision of the State Highway Administrator, the decision of the hearing panel is administratively final and remains in effect.
7. Intent to Appeal notices should be sent to Operations at 1537 Mail Service Center, Raleigh, NC 27699-1537, ATTN: Operations Program Manager.

Confidentiality

The identity of complainants shall be kept confidential, at their election. If such confidentiality will hinder the investigation, proceeding or hearing, or result in a denial of appropriate administrative due process to other parties, the complainant must be advised for the purpose of waiving the privilege. Complainants are advised that, in some circumstances, failure to waive the privilege may result in the closure of the investigation or dismissal of the proceeding or hearing.

Cooperation

All participants in the Department's SBE program (including, but not limited to SBE firms and applicants for SBE certification, complainants and appellants) are required to cooperate fully and promptly with the Department in compliance reviews, certification reviews, investigations, and other requests for information. Failure to do so shall be grounds for appropriate action against the party involved.

Directory

In accordance with the provisions of this program, the Department shall maintain and make available to interested persons a directory identifying all firms to participate as a SBE. This directory shall contain, at a minimum, the firm's name, address, phone number, and the types of work the firm is qualified to perform as a SBE. The on-line directory will support real-time revisions and access, and will be made available to the public electronically, on the internet, and in print, by request.

The Contractual Services Unit will maintain the information contained in the directory and implement the appropriate measures to ensure the integrity of the data is preserved.

Administrative Partners (Division of Highways)

The following units within the Division of Highways share oversight of the Small Business Enterprise Program and agree to adhere to the following roles.

The Contractual Services Unit, hereinafter referred to as "Contractual Services", will:

- Maintain the original documentation provided by the firm in an orderly fashion and on easily accessed media, and make this information available to the other administrative partners upon request;
- Enter the firm's information in the Directory and make periodic updates as necessary to ensure the most accurate information is made available to users;
- Monitor participation by the firms to ensure their compliance with the certification standards;
- Provide administrative support to ensure firms are reminded of critical activities that affect their participation in the program, i.e., renewals, reapplication, etc.;
- Work with Operations to investigate complaints received from partners or third parties regarding the eligibility of firms to participate in the SBE program; and
- Ensure SBE firms are provided due process when Departmental actions result in denial or removal of certification

The Chief Engineer's Office, hereinafter referred to as "Operations" will:

- Provide policy level decisions with regard to the SBE program's administration and application
- Establish additional guidelines for recruitment of small businesses in this program, and for the administration of contracts awarded under it. All small businesses will be encouraged to participate in this program and will be actively recruited.
- Receive and review appeals pursuant to Due Process guidelines established by this program
- Work with Contractual Services to investigate complaints received from partners or third parties regarding the eligibility of firms to participate in the SBE program

The Division Offices, hereinafter referred to as "Divisions" will:

- Maintain updated applications and forms for distribution to interested applicants. Applicants may be directed to the website or provided with contact information for Contractual Services.
- Accept completed applications and forward to Contractual Services for data entry and subsequent record maintenance on a monthly basis. Applicants may send their applications directly to Contractual Services.
- Advertise and let contracts pursuant to this program and monitor work products
- Provide Contractual Services on a monthly basis contract data that includes, at a minimum, the following information:
 - Contract Number
 - Contract Amount
 - Firm to which contract was awarded
 - County in which work is to be performed
 - Expected Date of completion of work
 - Division Contact Name
 - Contract Scope

Records and Reports

SBE firms must submit the following information when seeking to work on SBE projects:

- a) Firm name
- b) Firm address
- c) Firm contact phone number
- d) Firm's status as a DBE, MBE, WBE
- e) The annual gross receipts of the firm. The Department may obtain this information by asking each firm to indicate into what gross receipts bracket they fit (e.g., less than \$500,000; \$500,000-\$1 million; \$1-2 million; etc.) rather than requesting an exact figure from the firm.
- f) Types of work the firm is capable of performing.

- g) Counties in which the firm is interested in working

Compliance and Enforcement

- a) Any person who believes the North Carolina Department of Transportation has failed to comply with its obligations under these guidelines may file a written complaint with the Secretary of the Department. If you want to file a complaint, you must do so no later than 180 days after the date of the alleged violation or the date on which you learned of a continuing course of conduct in violation of these guidelines. In response to your written request, the Secretary may extend the time for filing, specifying in writing the reason for so doing. The Secretary may protect the confidentiality of your identity as provided above. Complaints under this part are limited to allegations of violation of the provisions of this part.
- b) As the partner primarily responsible for program compliance, Operations may review other program partners' compliance with these guidelines at any time, including reviews of paperwork and site work, as appropriate.

State of North Carolina
Department of Transportation



**Small Business Enterprise
Contractor's Self Certification**

(2/08)

Send completed form to:

Contractual Services Unit
ATTN: SBE
1509 Mail Service Center
Raleigh, NC 27699-1509

(Name of BUSINESS)

(Owner's Name – First Middle Last)(Title)

(Street Address) (City) (State) (Zip)

(Mailing address) if different from street address (City) (State) (Zip)

(Business Telephone) (Fax Number) (Cell Phone)

Email Address (FEDERAL TAX I.D. NUMBER or Social Security Number)

A Business with an annual gross income over \$1.5 million (exclusive of materials) is not eligible to participate in the North Carolina Department of Transportation (NCDOT) Small Business Enterprise (SBE) Program.

I hereby certify that the Business listed above meets the criteria for the NCDOT Small Business Enterprise Program. Insurance as required by NCDOT shall be in the name of the Business and certificate of insurance shall be attached to the contract proposal as required. The above Business shall have its own financial resources. Information submitted may be subject to verification by NCDOT. False statements could result in all applicable civil and criminal penalties being imposed, including but not limited to the above firm being barred from doing business with NCDOT.

The Business shall comply with all terms and conditions of any contract awarded. The contract consists of, but is not necessarily limited to the proposal or "bid" submitted, the plans for the project, the specifications for the project and any supplemental agreements entered into.

NOTE - AFFIDAVIT MUST BE NOTARIZED

COUNTY OF _____

I _____, A Notary Public for said County, do hereby certify that
_____ personally appeared before me this day and acknowledged the due execution
of the foregoing instrument. Witness my hand and official seal, this ____ day of _____ 20____.

(Owner's Signature)

} Seal: _____
(Notary Public)

(Title)

My commission expires _____ 20____.

ALL FORMS MUST BE COMPLETED FOR THIS APPLICATION TO BE PROCESSED

State of North Carolina
Department of Transportation



Small Business Enterprise
Contractor's Self Certification

Send completed form to:

Contractual Services Unit
ATTN: SBE
1509 Mail Service Center
Raleigh, NC 27699-1509

Name of Business _____

Contractor's License No. (if available): _____

| Directions: <i>Indicate the type(s) of work your firm is interested in bidding on:</i> | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Hauling</p> <ul style="list-style-type: none"><input type="checkbox"/> Hauling (Asphalt)<input type="checkbox"/> Hauling (General) includes gravel, sand, debris, rubble, etc. <p>Landscaping and Erosion Control</p> <ul style="list-style-type: none"><input type="checkbox"/> Mowing<input type="checkbox"/> Silt Fence<input type="checkbox"/> Landscape Planting<input type="checkbox"/> Seeding and Mulching<input type="checkbox"/> Clearing<input type="checkbox"/> Grubbing <p>Masonry and Incidental Concrete</p> <ul style="list-style-type: none"><input type="checkbox"/> Brick masonry construction<input type="checkbox"/> Concrete curb and gutter etc.<input type="checkbox"/> Incidental Concrete Construction (includes sidewalks, driveways, wheelchair ramps, etc.) <p>Concrete Structures</p> <ul style="list-style-type: none"><input type="checkbox"/> Concrete Barrier<input type="checkbox"/> Bridges and Box Culverts<input type="checkbox"/> Reinforcing Steel <p>Drainage</p> <ul style="list-style-type: none"><input type="checkbox"/> Subsurface Drainage<input type="checkbox"/> Pipe Culverts <p>Utility Installation</p> <ul style="list-style-type: none"><input type="checkbox"/> Waterline Installation<input type="checkbox"/> Sanitary Sewer Installation<input type="checkbox"/> Construction Surveying | <p>Preparation for Paving</p> <ul style="list-style-type: none"><input type="checkbox"/> Cement Treatment Base Course<input type="checkbox"/> Soil Cement Base <p>Paving</p> <ul style="list-style-type: none"><input type="checkbox"/> Asphalt Concrete Plant Mix Paving<input type="checkbox"/> Asphalt surface treatment<input type="checkbox"/> Painting Steel Structure<input type="checkbox"/> Roadway Excavation<input type="checkbox"/> Concrete Pavement<input type="checkbox"/> Milling Asphalt Pavement <p>Pavement Finishing</p> <ul style="list-style-type: none"><input type="checkbox"/> Pavement Marking<input type="checkbox"/> Permanent Signing<input type="checkbox"/> Fence<input type="checkbox"/> Guardrail <p>Safety and ITS</p> <ul style="list-style-type: none"><input type="checkbox"/> Sign lighting systems<input type="checkbox"/> Signal traffic management system<input type="checkbox"/> Work Zone Signing <p>Other</p> <ul style="list-style-type: none"><input type="checkbox"/> Building removal and demolition<input type="checkbox"/> _____<input type="checkbox"/> _____ |
| <i>The following information is collected for reporting purposes only</i> | |
| <p>Please indicate gender of firm's owner:</p> <ul style="list-style-type: none"><input type="checkbox"/> Male<input type="checkbox"/> Female | <p>Please indicate ethnicity of firm's owner:</p> <ul style="list-style-type: none"><input type="checkbox"/> Asian/Pacific American<input type="checkbox"/> African American<input type="checkbox"/> Caucasian American<input type="checkbox"/> Hispanic American<input type="checkbox"/> Native American<input type="checkbox"/> Subcontinent Asian American |

State of North Carolina Department of Transportation
Small Business Enterprise Contractor's Self Certification

| Directions: <i>Please check the divisions or counties in which you are seeking work.</i> | | | |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Division | District 1 | District 2 | District 3 |
| <input type="checkbox"/> One | <input type="checkbox"/> Camden <input type="checkbox"/> Currituck <input type="checkbox"/> Dare <input type="checkbox"/> Gates <input type="checkbox"/> Pasquotank <input type="checkbox"/> Perquimans | <input type="checkbox"/> Bertie <input type="checkbox"/> Hertford <input type="checkbox"/> Northampton | <input type="checkbox"/> Chowan <input type="checkbox"/> Hyde <input type="checkbox"/> Martin <input type="checkbox"/> Tyrrel <input type="checkbox"/> Washington |
| <input type="checkbox"/> Two | <input type="checkbox"/> Beaufort <input type="checkbox"/> Pitt | <input type="checkbox"/> Carteret <input type="checkbox"/> Craven <input type="checkbox"/> Pamlico | <input type="checkbox"/> Greene <input type="checkbox"/> Jones <input type="checkbox"/> Lenoir |
| <input type="checkbox"/> Three | <input type="checkbox"/> Onslow <input type="checkbox"/> Pender | <input type="checkbox"/> Duplin <input type="checkbox"/> Sampson | <input type="checkbox"/> Brunswick <input type="checkbox"/> New Hanover |
| <input type="checkbox"/> Four | <input type="checkbox"/> Edgecombe <input type="checkbox"/> Halifax | <input type="checkbox"/> Nash <input type="checkbox"/> Wilson | <input type="checkbox"/> Johnston <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Five | <input type="checkbox"/> Wake | <input type="checkbox"/> Durham <input type="checkbox"/> Granville <input type="checkbox"/> Person | <input type="checkbox"/> Franklin <input type="checkbox"/> Vance <input type="checkbox"/> Warren |
| <input type="checkbox"/> Six | <input type="checkbox"/> Robeson | <input type="checkbox"/> Cumberland <input type="checkbox"/> Harnett | <input type="checkbox"/> Bladen <input type="checkbox"/> Columbus |
| <input type="checkbox"/> Seven | <input type="checkbox"/> Alamance <input type="checkbox"/> Orange | <input type="checkbox"/> Guilford | <input type="checkbox"/> Caswell <input type="checkbox"/> Rockingham |
| <input type="checkbox"/> Eight | <input type="checkbox"/> Chatham <input type="checkbox"/> Randolph | <input type="checkbox"/> Hoke <input type="checkbox"/> Lee <input type="checkbox"/> Moore | <input type="checkbox"/> Montgomery <input type="checkbox"/> Richmond <input type="checkbox"/> Scotland |
| <input type="checkbox"/> Nine | <input type="checkbox"/> Davidson <input type="checkbox"/> Rowan | <input type="checkbox"/> Davie <input type="checkbox"/> Forsyth <input type="checkbox"/> Stokes | |
| <input type="checkbox"/> Ten | <input type="checkbox"/> Cabarrus <input type="checkbox"/> Stanly | <input type="checkbox"/> Mecklenburg | <input type="checkbox"/> Anson <input type="checkbox"/> Union |
| <input type="checkbox"/> Eleven | <input type="checkbox"/> Alleghany <input type="checkbox"/> Surry <input type="checkbox"/> Yadkin | <input type="checkbox"/> Avery <input type="checkbox"/> Caldwell <input type="checkbox"/> Watauga | <input type="checkbox"/> Ashe <input type="checkbox"/> Wilkes |
| <input type="checkbox"/> Twelve | <input type="checkbox"/> Cleveland <input type="checkbox"/> Gaston | <input type="checkbox"/> Alexander <input type="checkbox"/> Iredell | <input type="checkbox"/> Lincoln <input type="checkbox"/> Catawba |
| <input type="checkbox"/> Thirteen | <input type="checkbox"/> Burke <input type="checkbox"/> McDowell <input type="checkbox"/> Mitchell <input type="checkbox"/> Rutherford | <input type="checkbox"/> Buncombe <input type="checkbox"/> Madison <input type="checkbox"/> Yancey | |
| <input type="checkbox"/> Fourteen | <input type="checkbox"/> Henderson <input type="checkbox"/> Polk <input type="checkbox"/> Transylvania | <input type="checkbox"/> Haywood <input type="checkbox"/> Jackson <input type="checkbox"/> Swain | <input type="checkbox"/> Cherokee <input type="checkbox"/> Clay <input type="checkbox"/> Graham <input type="checkbox"/> Macon |



STATE OF NORTH CAROLINA
Small Business Enterprise Program
SBE Eligibility Complaint Form

Send completed form to: Contractual Services Unit
ATTN: SBE
1509 Mail Service Center
Raleigh, NC 27699-1509

I have reason to believe that _____ (enter name of firm) does not meet the eligibility standards for a Small Business Enterprise. I believe this firm is ineligible for the following reasons:

I understand that I must have this form notarized before submitting it to your office and that my confidentiality will be maintained, unless otherwise required to be disclosed by law, until the end of the forthcoming investigation of this complaint.

Signature

Date

NOTE - AFFIDAVIT MUST BE NOTARIZED

COUNTY OF _____

I _____, A Notary Public for said County, do hereby certify that
_____ personally appeared before me this day and acknowledged the due execution
of the foregoing instrument. Witness my hand and official seal, this ____ day of _____ 20 ____.

(Signature) } Seal: _____
(Notary Public)

(Title) My commission expires _____ 20 ____.

Revised 04/06/2005

SUBSTITUTE FORM W-9

**VENDOR REGISTRATION FORM
NORTH CAROLINA DEPARTMENT OF TRANSPORTATION**

Pursuant to Internal Revenue Service (IRS) Regulations, vendors must furnish their Taxpayer Identification Number (TIN) to the State. If this number is not provided, you may be subject to a 20% withholding on each payment. To avoid this 20% withholding and to insure that accurate tax information is reported to the Internal Revenue Service and the State, please use this form to provide the requested information exactly as it appears on file with the IRS.

INDIVIDUAL AND SOLE PROPRIETOR: ENTER NAME AS SHOWN ON SOCIAL SECURITY CARD
CORPORATION OR PARTNERSHIP : ENTER YOUR LEGAL BUSINESS NAME

NAME: _____

MAILING ADDRESS: STREET/PO BOX: _____

CITY, STATE, ZIP: _____

DBA / TRADE NAME (IF APPLICABLE): _____

BUSINESS DESIGNATION:

- ☐ INDIVIDUAL (use Social Security No.) ☐ SOLE PROPRIETER (use SS No. or Fed ID No.)
☐ CORPORATION (use Federal ID No.) ☐ PARTNERSHIP (use Federal ID No.)
☐ ESTATE/TRUST (use Federal ID no.) ☐ STATE OR LOCAL GOVT. (use Federal ID No.)
☐ OTHER / SPECIFY _____

SOCIAL SECURITY NO. _____ - _____ - _____ (Social Security #)

OR

FED.EMPLOYER IDENTIFICATION NO. _____ - _____ - _____ (Employer Identification #)

COMPLETE THIS SECTION IF PAYMENTS ARE MADE TO AN ADDRESS OTHER THAN THE ONE LISTED ABOVE:

REMIT TO ADDRESS: STREET / PO BOX: _____

CITY, STATE, ZIP: _____

Participation in this section is voluntary. You are not required to complete this section to become a registered vendor. The information below will in no way affect the vendor registration process and its sole purpose is to collect statistical data on those vendors doing business with NCDOT. If you choose to participate, circle the answer that best fits your firm's group definition.

What is your firm's ethnicity? ☐ Prefer Not To Answer, ☐ African American, ☐ Native American, ☐ Caucasian American, ☐ Asian American, ☐ Hispanic American, ☐ Asian-Indian American, ☐ Other: _____)

What is your firm's gender? ☐ Prefer Not to Answer, ☐ Male, ☐ Female) **Disabled-Owned Business?** ☐ Prefer Not to Answer, ☐ Yes, ☐ No)

IRS Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. For complete certification instructions please see IRS FORM W-9 at <http://www.irs.gov/pub/irs-pdf/fw9.pdf> .

NAME (Print or Type)

TITLE (Print or Type)

SIGNATURE

DATE

PHONE NUMBER